

Mobile Unit Operating Procedures

The applicant for a mobile unit food establishment permit must submit information to DOH Sanitation Branch for review. Procedures for the operation must be approved prior to the issuance of a food permit.

Name of Mobile Food Establishment:

Owner Name:								
Mailing Address:								
Phone:	Email:							
Address or Location of Vending Site	e(s):							
Days and Hours of Operation:								
Support Kitchen Name:								
Support Kitchen Address:								
 Any change to this form, menu, support kitchen, or mobile unit requires approval by DOH Sanitation Branch. A copy of the approved operational procedures must be kept on the mobile unit and be available upon request. 								
Owner/authorized agent signature: _	Date:							
Owner/authorized agent print name	:							
or Office Use Only:								
rocedures Reviewed By	Date Approved							

Written procedures must include information from the questions below. You may use this form or submit your own. Please attach additional sheets if needed. If a question does not apply, mark the section as "Not applicable"

1.		: List all foods to be offered to the public, including packaged and ckaged food as well as beverages, or provide copy of menu.							
2.		ds prepared at the support kitchen and describe the preparation od cannot be stored or prepared at a home kitchen.)							
3.		ow you will transport food to be served from support kitchen (or other sources) to mobile unit.							
4.	Describe how food will be stored on the mobile unit and how it will be maintained at proper holding temperatures. a. How will food be held cold? b. How will food be held hot?								
	c. Will food be stored using the "4-hour rule?" Circle: YES NO If so, submit Time as Public Health Control written procedures.								
		For Office Use Only:							
		TPHC Written Procedures Reviewed By							
		Date Approved							

5.	Will you be cooking on the mobile unit?	Circle:	YES	NO
	a. If yes, provide a list of items cooke	d on the mobile u	nit.	
	b. Describe how raw foods will be he	eld cold on the mo	bbile uni	t.
	c. Describe how raw foods will be se	parated from read	dy-to-ed	at food.
6.	Describe what you will do with leftover co food.	ooked food and re	emainin	g uncooked
7.	Describe how and where dirty equipmen	ıt and utensils will b	be clea	ned.
8.	WATER SOURCE/STORAGE:			
	a. What is the capacity of your clear	n water tank?		gallons
	b. How will water be stored on board	d (i.e. water jugs, h	olding t	rank)?
	c. Describe how and where the poto	able water supply	tank will	l be filled.
	 d. Provide a description of your hose (Food grade hoses are required to 			oly tank.

 e. If your mobile unit can connect directly to a potable water source be disconnected quickly? **Note: It can only be attached during 											
		Circle:	Yes	No						edging h ng filling t	
9.	WASTE	E WATER	STORA	GE/DIS	POSA	L:					
a. What is the capacity of your waste water tank? gallons Note: Waste water tanks must be 15% larger than water supply tanks.											
	b.	How wil	l waste	e water	be sto	ored?					
	C.	Describ dispose		and wh	nere ti	he waste	water to	ank will	be em	ptied and	d
	d.	approve system)	ed wa: , can t	stewate he was	er syste te plu	em (sew	er, appro onnectio	oved in	dividua	City or S I wastew isconned	ater
		Circle:	`	Yes	No	Not Ap	plicable				
10.	able to	o quickly	/ disco rigerat	nnect (ion relie	no pe	rmanen	electric	al conr	nection	ction mus allowedj ow you v). If
11.	Where	e will you	dispos	se of yo	our gai	rbage?_					
12.	Where	e will you	use th	e restro	om?						
	Locati	ion:									
	Hours	restroom	n is ava	iilable f	or use						